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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,659	01/10/2006	Osami Habuchi	Q85706	5610
65565 7590 11/10/2008 \$UGHRUE-265550		EXAMINER		
2100 PENNSYLVANIA AVE. NW			BLAND, LAYLA D	
WASHINGTON, DC 20037-3213			ART UNIT	PAPER NUMBER
			1623	
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Application No. Applicant(s) 10/520.659 HABUCHI ET AL. Interview Summary Examiner Art Unit 1623 LAYLA BLAND All participants (applicant, applicant's representative, PTO personnel): (1) LAYLA BLAND. (2) Sunhee Lee. (4)____. Date of Interview: 27 October 2008. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e) No. If Yes, brief description: _____. Claim(s) discussed: . . Identification of prior art discussed: Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Ms. Lee confirmed that no response had been submitted to the last office action.. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.